



PTO/SB/21 (09-04)

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

24

Application Number

09/728,423

Filing Date

December 1, 2000

First Named Inventor

MICHAEL HOUGHTON

Art Unit

1648

Examiner Name

M. Hill

Attorney Docket Number

PP01618.003 (2300-1618)

ENCLOSURES (Check all that apply)

Fee Transmittal Form (duplicate)



Fee Attached (\$1200 check)



Amendment/Reply (13 pages)



After Final



Affidavits/declaration(s)



Extension of Time Req (duplicate)



Express Abandonment Request

Information Disclosure Statement
Statement (2 pages)

PTO/SB/08A&B Lists (2 pages)

Copy of 1 reference (pages not
counted)Certified Copy of Priority
Document(s)Reply to Missing Parts/ Incomplete
ApplicationReply to Missing Parts
under 37 CFR 1.52 or 1.53

Drawing(s)



Licensing-related Papers



Petition

Petition to Convert to a
Provisional ApplicationPower of Attorney, Revocation
Change of Correspondence Address

Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____



Landscape Table on CD



After Allowance Communication to TC

Appeal Communication to Board
of Appeals and InterferencesAppeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

Proprietary Information



Status Letter

Other Enclosure(s) (please identify
below):

Return Receipt Postcard (1 page)

Remarks

The Commissioner is authorized to charge any additional fees to Deposit
Account 18-1648.**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name

Robins & Pasternak LLP

Signature

Jenny Buchbinder

Printed name

Jenny Buchbinder

Date

December 15, 2005

Reg. No.

48,588

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Anne Currier Carr

Typed or printed name

Anne Currier Carr

Date

Dec. 15, 2005

DEC 19 2005

Effective on 12/08/2004.

Fee schedule under the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$) 1200

Complete if Known

Application Number	09/728,423
Filing Date	December 1, 2000
First Named Inventor	MICHAEL HOUGHTON et al.
Examiner Name	M. Hill
Art Unit	1648
Attorney Docket No.	PP01618.003 (2300-1618)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 18-1648 Deposit Account Name: Robins & Pasternak LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
67	-72 or HP = 0	x	= 0	<u>Fee (\$)</u> <u>Fee Paid (\$)</u>

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1	-3 or HP = 0	x	= 0

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1) Extension of Time for 3 months (large entity) per PTO/SB/22, attached
2) IDS submission after office action, but before final rejection

1020
180

SUBMITTED BY

Signature	<i>Jenny Buchbinder</i>	Registration No. (Attorney/Agent)	48,588	Telephone	(650) 493-3400
Name (Print/Type)	Jenny Buchbinder			Date	12/15/2005